

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 11 # 202

(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Safford County Graham No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
female			

DATE OF BIRTH* November 28th 192 2
(Month) (Day) (Year)

FULL* FATHER
NAME Arthur John Barney

FULL* MOTHER
MAIDEN NAME Lucy Jennings

I HEREBY CERTIFY that the child described herein has been
named

Norma Barney
(Give name in full) (Surname)

Arthur J. Barney
(Parent's signature)

Edward Schenck
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day
of following month.

5-14-23